PLEASE PRINT AND WRITE LEGIBLY!

DAILY PROGRESS NOTE

Client Name: [redacted] Date: Jan 21, 20

Target Behavior: Level of Supervision: CO / ES / 1:1

Daily Goal: Have a positive Day

SLEEPING PATTERNS	RESTRAINTS	SERIOUS INCIDENTS (Fill in the type of Incident)
☐ Encopresis ☐ Enuresis ☐ Did Not Sleep at All ☐ All Night ☐ Most of the Night ☐ Often Awake	☐ Children's Control Position ☐ Team Control Position ☐ Transport ☐ Short Personal Restraint ☑ None	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☑ None
LEVEL OF SUPERVISION	**BEHAVIOR CONSEQUENCES**	**FYI's**
☑ CO=Close Observations/Normal Supervision ☐ ES= Eyesight ☐ 1:1= One to One	Any Behavior Consequence forms completed for this child? ☑ YES ☐ NO	Any FYI Forms completed for this child? ☐ YES ☑ NO
MEALTIMES	**REMOVED FROM SCHOOL**	**ACTIVITIES**
☑ 100% ☐ 50% ☐ Refused ☐ N/A	☐ AM ☐ Holiday ☐ PM ☐ Out for Summer ☑ Attended ☐ Refused ☐ Other: _____	☑ Groups: Goals ☐ Recreational Activity _____ ☑ Leisure Activity: Outdoors ☐ PM Daily Level: _____ ☐ AM Daily Level: _____
MEDICAL CARE	**VISITORS/TELEPHONE**	**RESIDENT HYGIENE/CHORES**
☐ Routine Doctor Visit ☐ Medical Appointment due to Illness ☐ Dental Appointment ☐ Psychiatric Review/Evaluation ☐ Other ☑ None	☐ Parents ☐ Called Parents ☐ Siblings ☐ Called Siblings ☐ Caseworker ☐ Called CW/PO ☐ Relative ☐ Called Friend ☐ PO ☐ Called Relative ☑ None ☑ None	☑ Brushed Teeth ☑ Washed Face ☑ Wore Clean Clothes ☑ Showered ☑ Completed Chores ☐ Did not complete Chores

Medication Compliance: Did the resident take all prescribed medications today? ☑ Yes ☐ No

If "No" list ALL medications that were refused by the resident:

_____

_____

GENERAL NOTATION CATEGORIES

AFFECT

☐ Sad/ Depressed	☐ Angry/ Irritable	☐ Disappointed	☐ Intrusive/ Impulsive
☐ Anxious/ Worried	☐ Scared	☐ Silly/ Childish	☑ Compliant
☐ Restless	☐ Happy	☐ Frustrated	☐ (Other)

Current Program Restrictions and/or Precautions: CO – 10am – 4pm
ES – 4pm – 9pm

DAILY NARRATIVE (Attach an addendum for additional information)

Client a great start of her day. Interact with peers Clean her room and completed hygiene. Participated in goals group Ate all meals @ 100% took all meds @ 100%. Good Day at school Back at the facility client became NC (see BC) Once back in Unit client late showered and Sat in her bed until dinner. Ate and went to Sleep

Lights Out.

Staff Reporting [redacted] Time of Entry: _____

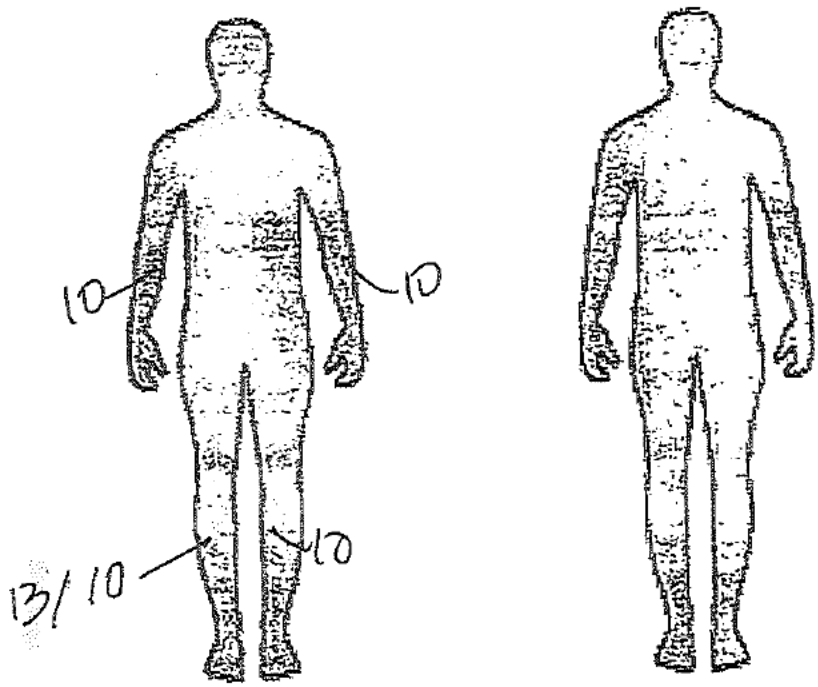
Signature of Facility Administrator or Designee:

ROOM 1 2 3 4 5 6 7 8 9 10

DAILY HEALTH CHECK
CIRCLE YES OR NO ON THE CHART LISTED BELOW

1. Scrapes/ Abrasions: Yes or No	8. Lesions: Yes or No
2. Birthmark: Yes or No	9. Rashes: Yes or No
3. Bruises: Yes or No	10. Scars: Yes or No
4. Scratches/ Lacerations: Yes or No	11. Tattoos: Yes or No
5. Deformities: Yes or No	12. Prosthesis: Yes or No
6. Pierced Ears, Nose, Body Parts: Yes or No	Other: Bit Hurt
7. Lice: Yes or No	

If a "YES" response is indicated, mark the body figures with the appropriate number in the area the abnormality is located. Add a description of these in the "Comments Section." Describe the color of all bruises and the color, length, and width of all scars.



FRONT BACK

Comments:

NO NEW SCARS

Form Completed by:

[redacted] [redacted]

Staff Print Name Staff Signature

Jan 24 2020

Date

PLEASE PRINT AND WRITE LEGIBLY!

DAILY PROGRESS NOTE

ient Name: [redacted] Date: Jan 23, 2020 Daily Goal: Have a Positive D

arget Behavior: Level of Supervision:

SLEEPING PATTERNS	RESTRAINTS	SERIOUS INCIDENTS (Fill in the type of incident.)
☐ Encopresis ☐ Enuresis ☐ Did Not Sleep at All ☐ All Night ☐ Most of the Night ☐ Often Awake	☐ Children's Control Position ☐ Team Control Position ☐ Transport ☐ Short Personal Restraint ☑ None	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☑ None

LEVEL OF SUPERVISION	BEHAVIOR CONSEQUENCES	FYI's
☑ CO=Close Observations/Normal Supervision ☑ ES= Eyesight ☐ 1:1= One to One	Any Behavior Consequence forms completed for this child? ☑ YES ☐ NO	Any FYI Forms completed for this child? ☐ YES ☑ NO

MEALTIMES	REMOVED FROM SCHOOL	ACTIVITIES
☑ 100% ☐ 50% ☐ Refused ☐ N/A	☐ AM ☐ Holiday ☐ PM ☐ Out for Summer ☑ Attended ☐ Refused ☐ Other: _____	☑ Groups: Group ☑ Recreational Activity Arts & Craft ☑ Leisure Activity Outside- movie ☐ PM Daily Level: _____ ☐ AM Daily Level: _____

MEDICAL CARE	VISITORS/TELEPHONE		RESIDENT HYGIENE/CHORES
☐ Routine Doctor Visit ☐ Medical Appointment due to illness ☐ Dental Appointment ☐ Psychiatric Review/Evaluation ☐ Other ☑ None	☐ Parents ☐ Siblings ☐ Caseworker ☐ Relative ☐ PO ☑ None	☐ Called Parents ☐ Called Siblings ☐ Called CW/PO ☐ Called Friend ☐ Called Relative ☑ None	☑ Brushed Teeth ☑ Washed Face ☑ Wore Clean Clothes ☑ Showered ☑ Completed Chores ☐ Did not complete Chores

ication Compliance: Did the resident take all prescribed medications today? ☑ Yes ☐ No
o" list ALL medications that were refused by the resident:

GENERAL NOTATION CATEGORIES

Affect:			
☐ Sad/ Depressed	☑ Angry/ Irritable	☐ Disappointed	☐ Intrusive/ Impulsive
☐ Anxious/ Worried	☐ Scared	☐ Silly/ Childish	☑ Compliant
☐ Restless	☐ Happy	☐ Frustrated	☐ (Other)

Current Program Restrictions and/or

Precautions: CO - 6am - 4pm
ES - 4pm - 9pm

DAILY NARRATIVE (Attach an addendum for additional information)

KC, woke up and Completed hygiene and Chores.
All meals ate at 110% Meads taking @ 100%
School stayed on task. Went on a Pass to see sister, no show.
Return Sad. Client Showered was Given her new portable DVD player
Went outside Watched a movie became off task after Arts and Craft (see BC)
Client then her night back around Showered and Later went to sleep.
Good Night.

Staff Reporting: [redacted] [redacted] Time of Entry: _____

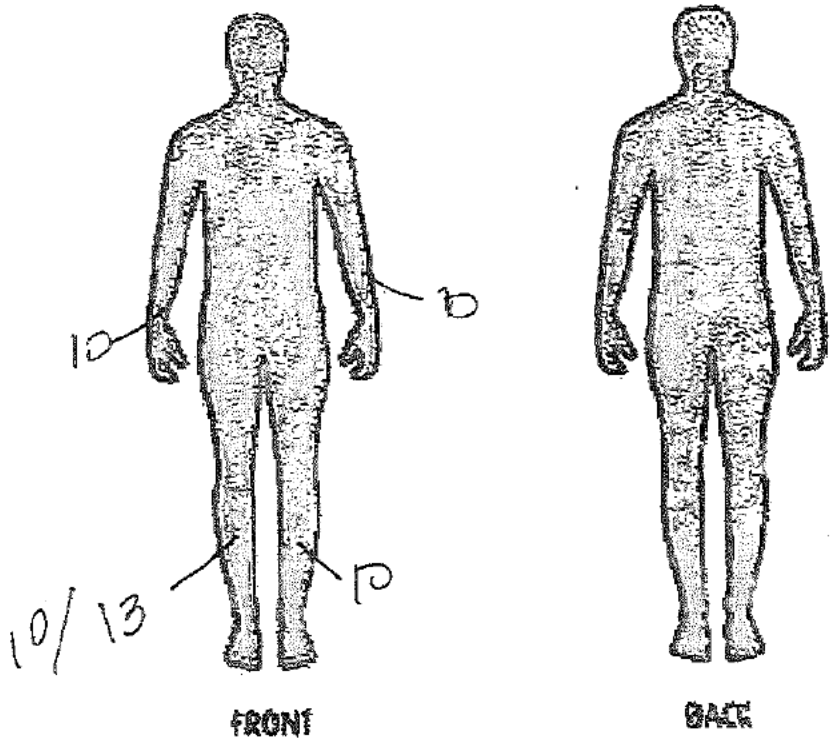
Signature of Facility Administrator or Designee:

Room #5

DAILY HEALTH CHECK
CIRCLE YES OR NO ON THE CHART LISTED BELOW

1. Scrapes/ Abrasions: Yes or No 2. Birthmark: Yes or No 3. Bruises: Yes or No 4 Scratches/ Lacerations: Yes or No 5. Deformities: Yes or No 6. Pierced Ears, Nose, Body Parts: Yes or No 7. Lice: Yes or No	8. Lesions: Yes or No 9. Rashes: Yes or No 10. Scars: Yes or No 11. Tattoos: Yes or No 12. Prosthesis: Yes or No Other: 13. HURT

If a "YES" response is indicated, mark the body figures with the appropriate number in the area the abnormality is located. Add a description of these in the "Comments Section." Describe the color of all bruises and the color, length, and width of all scars.



Comments:

Form Completed by:

[redacted] [redacted] Jan 23, 2020

Staff Print Name Staff Signature Date

PLEASE PRINT AND WRITE LEGIBLY!

DAILY PROGRESS NOTE

Client Name: [redacted] Date: Jan 22, 20 Daily Goal: Have a positive Day

Target Behavior: Level of Supervision: CO / ES / 1:1

SLEEPING PATTERNS	RESTRAINTS	SERIOUS INCIDENTS (Fill in the type of incident.)
☐ Encopresis ☐ Enuresis ☐ Did Not Sleep at All ☐ All Night ☐ Most of the Night ☐ Often Awake	☐ Children's Control Position ☐ Team Control Position ☐ Transport ☐ Short Personal Restraint ☐ None	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ None
LEVEL OF SUPERVISION	**BEHAVIOR CONSEQUENCES**	**FYI's**
☑ CO=Close Observations/Normal Supervision ☑ ES= Eyesight ☐ 1:1= One to One	Any Behavior Consequence forms completed for this child? ☐ YES ☐ NO	Any FYI Forms completed for this child? ☐ YES ☐ NO
MEALTIMES	**REMOVED FROM SCHOOL**	**ACTIVITIES**
☑ 100% ☐ 50% ☐ Refused ☐ N/A	☐ AM ☐ Holiday ☐ PM ☐ Out for Summer ☑ Attended ☐ Refused ☐ Other: _____	☐ Groups: Goals ☑ Recreational Activity Music ☐ Leisure Activity _____ ☐ PM Daily Level: _____ ☐ AM Daily Level: _____
MEDICAL CARE	**VISITORS/TELEPHONE**	**RESIDENT HYGIENE/CHORES**
☐ Routine Doctor Visit ☐ Medical Appointment due to illness ☐ Dental Appointment ☐ Psychiatric Review/Evaluation ☐ Other ☑ None	☐ Parents ☐ Called Parents ☐ Siblings ☐ Called Siblings ☐ Caseworker ☑ Called CW/PO ☐ Relative ☐ Called Friend ☐ PO ☐ Called Relative ☑ None ☐ None	☑ Brushed Teeth ☑ Washed Face ☑ Wore Clean Clothes ☑ Showered ☑ Completed Chores ☐ Did not complete Chores

Medication Compliance: Did the resident take all prescribed medications today? ☑ Yes ☐ No

If "No" list ALL medications that were refused by the resident:

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GENERAL NOTATION CATEGORIES

AFFECT

☐ Sad/ Depressed	☐ Angry/ Irritable	☐ Disappointed	☐ Intrusive/ Impulsive
☐ Anxious/ Worried	☐ Scared	☐ Silly/ Childish	☐ Compliant
☐ Restless	☐ Happy	☑ Frustrated	☐ (Other)

Current Program Restrictions and/or Precautions: CO - 6am - 4pm
ES - 4pm - 9pm

DAILY NARRATIVE (Attach an addendum for additional information)

Kiyanna has become very lazy. Client will wake up Complete daily Chores and hygiene routine right back to sleep. Ate all of breakfast back in bed until time for school. While @ school Client stays on task eats her lunch and whom ever will give her more. Back at PA Client became upset due to her being hungry. Client stated She just can't help it stayed in her bed listen to music, showered dinner and seconds went to sleep.

Staff Reporting: [redacted] Time of Entry: _____

Signature of Facility Administrator or Designee:

ROOM 1 2 3 4 5 6 7 8 9 10

DAILY HEALTH CHECK
CIRCLE YES OR NO ON THE CHART LISTED BELOW

1. Scrapes/ Abrasions: Yes or No	8. Lesions: Yes or No
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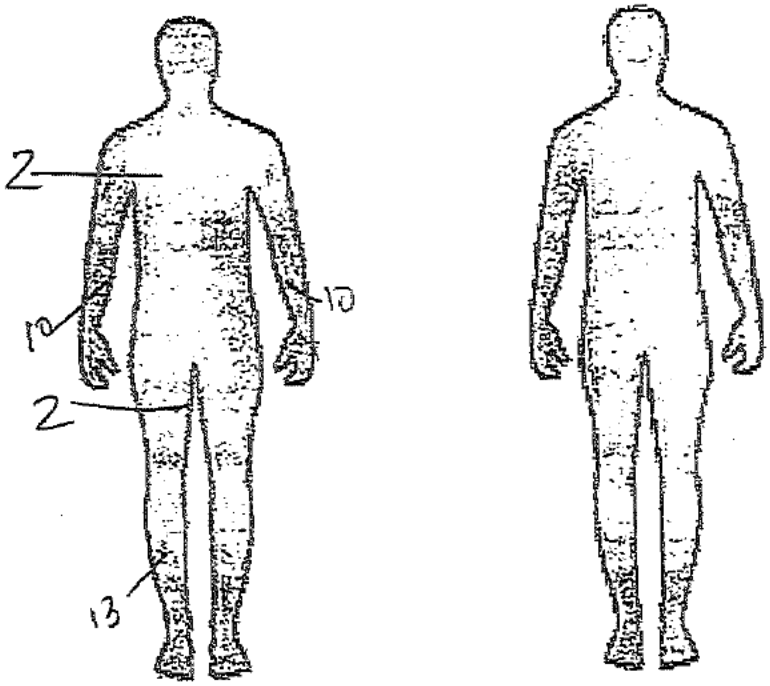
4. Scratches/ Lacerations: Yes or No	11. Tattoos: Yes or No
5. Deformities: Yes or No	12. Prosthesis: Yes or No
6. Pierced Ears, Nose, Body Parts: Yes or No	Other: 13. Alert NAS
7. Lice: Yes or No	

If a "YES" response is indicated, mark the body figures with the appropriate number in the area the abnormality is located. Add a description of these in the "Comments Section." Describe the color of all bruises and the color, length, and width of all scars.



FRONT BACK

Comments:

Form Completed by:

[redacted] [redacted] Jan 22 2020

Staff Print Name Staff Signature Date

...ER HARBOR

PLEASE PRINT AND WRITE LEGIBLY!

...ent Name: [redacted] **DAILY PROGRESS NOTE** **Daily Goal:** Have a positive day

...arget Behavior: **Date:** Jan 21 20 **Level of Supervision:**

SLEEPING PATTERNS	RESTRAINTS	SERIOUS INCIDENTS (Fill in the type of Incident.)
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LEVEL OF SUPERVISION	BEHAVIOR CONSEQUENCES	FYI's
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☐ Routine Doctor Visit ☐ Medical Appointment due to illness ☐ Dental Appointment ☐ Psychiatric Review/Evaluation ☐ Other Refused ☐ None	☐ Parents ☐ Siblings ☐ Caseworker ☐ Relative ☐ PO ☑ None	☐ Called Parents ☐ Called Siblings ☐ Called CW/PO ☐ Called Friend ☐ Called Relative ☑ None	☑ Brushed Teeth ☑ Washed Face ☑ Wore Clean Clothes ☑ Showered ☑ Completed Chores ☐ Did not complete Chores

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☐ Restless	☑ Happy	☐ Frustrated	☐ (Other)

Current Program Restrictions and/or Precautions: CO – 6am – 4pm
ES – 4pm – 9pm

DAILY NARRATIVE (Attach an addendum for additional information)

KC woke up and completed all hygiene and Chores. ATE all meals @ 100% took meds@ 10p% Participated in goals group and School Client refused DR's appointment Back at the facility client Showered and ate dinner Ended her night on a positive note ☺

Staff Reporting: [redacted] [redacted] **Time of Entry:** _____

Signature of Facility Administrator or Designee:

DAILY HEALTH CHECK

CIRCLE YES OR NO ON THE CHART LISTED BELOW

1. Scrapes/ Abrasions: Yes or No	8. Lesions: Yes or No
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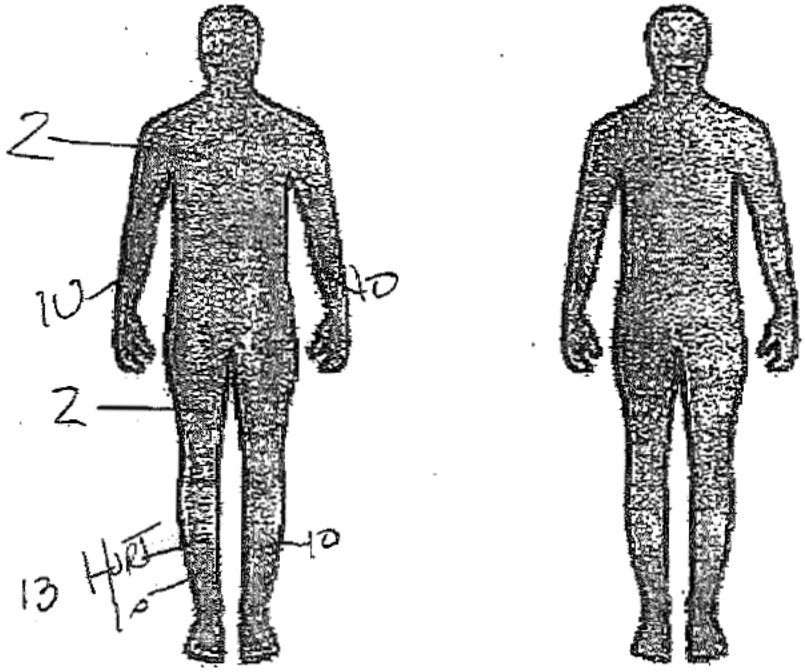

Comments:

Right leg hurt

Form Completed by:

[redacted] [redacted] Jan 21, 20

Staff Print Name | Staff Signature | Date